

PTO/SB/06 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD A99285US (98222.1) OTHER THAN **CLAIMS AS FILED - PART I** SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED **NUMBER EXTRA RATE** FEE RATE FEE **BASIC FEE \$355** OR \$ (37 CFR 1.16(a)) **TOTAL CLAIMS** 59 39 x \$\_9 351 minus 20 = OR INDEPENDENT CLAIMS 3 6 minus 3 = x <u>40</u>= 120 OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) = TOTAL \$826 OR **TOTAL** \* If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN **CLAIMS AS AMENDED - PART II** SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 3) (Column 2) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL **RATE** TIONAL AMENDMENT **AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus (37 CFR 1.16(e)) OR Independent \*\*\* Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE **TIONAL** RATE ΓΙΟΝΑL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE MENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3)

MENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	F		
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$		
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x _		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							

ADDI-ADDI-RATE TIONAL **RATE** TIONAL **FEE FEE** OR OR OR OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09775278/49928505

		CLAIMS AS	S FILED - I		l (Colur	nn 2)		SMALL EN	ITITY	OR	OTHER SMALL I	
TC	TAL CLAIMS		59		4		ſ	RATE	FEE	1 1	RATE	FEE
FO	R		NUMBER F	ILED		ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	59 minu	ıs 20=	:39			X\$ 9=	35/00	OR	X\$18=	
IND	EPENDENT CL	AIMS		us 3 =	<u>`</u> 3			X40=	120.00	OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT	-				+135=			+270=	
* If	the difference	in column 1 is	less than zer	o, ente	r "0" in c	olumn 2	' <u>[</u>	TOTAL	800 M	OR OR	TOTAL	
	CI	LAIMS AS A	MENDED	- PAR	ΤII			IOIAL	826.00	JOH	OTHER	THAN
	<u> </u>	(Column 1)		(Colu	mn 2)	(Column 3)	a _	SMALL	NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
		NTATION OF M	JLTIPLE DEP	ENDEN	I CLAIM			+135=		OR	+270=	
. " e							<u>l</u>	TOTAL			TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE		]	ADDIT. FEE	
AMENDWENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST 1BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	,	=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	- OL A 184	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	I CLAIM		]	+135=		OR	+270=	
							Ĺ	TOTAL			TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE		JO.,	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>PD</b>	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	<u></u>	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	T CLAIM		┨╏	<del>-</del>				
	If the entry in colu	mn 1 is less than t	he entry in colu	nn 2, writ	e "0" in co	lumn 3.		+135= TOTAL		OR	+270= TOTAL	
	If the "Highest Nu If the "Highest Nu The "Highest Num	mber Previously P mber Previously P	aid For" IN THIS Paid For" IN THIS	S SPACE S SPACE	is less tha	n 20, enter "20. In 3, enter "3."	•	ADDIT. FEE	oropriate box		ADDIT. FEE	



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PAPER NUMBER

## NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHECH TO SUBMIT THE BALANCE DUE. Extension of this 30 day period under 37 CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application Fee Determination Record (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

	int Name: Sign	Ltures		
	tily that this notice and the required additional for are being deposited with the U.S. PO or of Putcats and Tradomerts, Washington, D.C. 20231, on (date)	STAL SERVICE = 6	ret class mail in an onvolope	addressed to:
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APPLI Fee s	CANT: PLEASE COMPLETE THIS PORTION A submitted \$			
4			Clerk of	Group
ATTACSS	MENT: PORM PTO-175	= \$		
	BALANCE DUE			
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	Total Fees Due	= \$		
	B. Fees due in connection with the	mendment	filed-on	• (
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	A. Filing Fees due upon filing the	applicati	on	